

THROUGH : Head of Career Service

SUBJECT : Designation as a Participant in the CIA Retirement and Disability System

1. Based on a review of your record and the recommendations of the Head of your Career Service and of the CIA Retirement Board, I have determined that you meet the criteria specified in [] CIA Retirement and Disability System, for designation as a participant in the System.

2. [] provides that "Any participant who has completed fifteen years of service with the Agency and whose career at that time is adjudged by the Director of Personnel to be qualifying for the System may elect to remain a participant in the System for the duration of his employment by the Agency and such election shall not be subject to review or approval by the Director." Since you have already completed fifteen years of service with the Agency, your right to this election vests upon your designation as a participant and must be exercised immediately.

3. If you should elect not to remain a participant in the System, you will be continued under the Civil Service Retirement System. Once your election has been made, you do not have the privilege of changing it at some later date.

4. It is requested that you indicate your election by checking in the appropriate box and signing below and return the original of this memorandum to the CIA Retirement Staff as soon as possible but not later than seven calendar days from the date shown above. (If you return the memorandum by Agency mail, please address to Room 5-E-13 Headquarters. If hand-carried, it should be delivered to Room 6-E-1319.)

5. If there are questions which you wish to discuss before making your election, please call [] CIA Retirement Staff, extension [] for an appointment.

[]
Emmett D. Echols
Director of Personnel

Exercise of option of participant with fifteen years of service:

- ☐ I elect to remain a participant in the CIA Retirement and Disability System for the duration of my employment by the Agency.
- ☐ I elect NOT to remain a participant in the CIA Retirement and Disability System for the duration of my employment by the Agency.

Signature

Date